STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

QUARTERLY COUNTY EXEMPTION REPORT

JNTY: FACILITY TYPE:			COUNTY LIAISON NAME:				PHONE #		YEAR:	
REPORTING PERIOD: Jan Mar. Due	April 7th	pr June Due July 7th	ı 🗆 Ju	uly - Sept.	Due (Oct. 7th		Oct Dec. D	ue Ja	n. 7th
Name of Subject	Facility Name	Facility Number	Soc. Sec. #	DOB	Reporting Source		*Type of Exemption	Criminal Violation Code/ Year of Conv.		**Assoc With Facility
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LEGEND

* TYPE OF EXEMPTION:

** ASSOCIATION WITH FACILITY

C = CONDITIONAL D = DENIED EXEMPTION R = RELATIVE/FAMILY MEMBER O = OTHER ADULT IN HOME

NOTE: SEPARATE EXEMPTION REPORTS ARE REQUIRED FOR FFH & FCCH PROGRAMS

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-679) and the information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Forms Officer.